

Furniture to meet the present needs is being purchased at possibly the lowest prices ever asked for quality furniture, and only such furnishings are being purchased as may be used in the permanent quarters building when it is constructed.

The vacant portion of the property extending to the corner, which at present is rather an eye-sore, will be hidden from view with a little landscaping and trellis.

#### From the *Bulletin* of December 15:

Nineteen hundred twenty-five Wilshire Boulevard will be the new address of the Los Angeles County Medical Association on and after Thursday, December 15.

The telephone number, VAndike 1221, will remain the same as it has for years past.

It is confidently hoped that the transfer of the offices to the association's own quarters from the old address at 1008 West Sixth Street, will be made without any break in service. Plans for this transfer are now about perfected.

The annual meeting of the association, which will be held on the evening of Thursday, December 15, will open the new quarters to the membership. The doors will be open at 7:30 p. m. for a general inspection of the building. The annual business meeting of the association will be called at 8:30 p. m. Following this there will be refreshments.

Every member of the association is urged to inspect the new quarters, which serve as tangible evidence that the years of endeavor to have a permanent home for the association have at last borne some fruit and encouraging evidence that the permanent quarters as conceived by the members of years ago will within a reasonably short time become a reality.

At the meeting of the Board of Councilors on Monday, December 5, the president was instructed to name a house committee. This house committee will arrange to have the quarters made as useful as possible to the membership. It is the sincere hope of all those who have been for years interested in this movement, to make the permanent quarters a real home and a gathering place.

Several rooms have been especially equipped for this purpose. One, a large room, has been designed to serve a three-fold purpose: first, as a lounge room during the day; second, as an ideal place for section meetings; for this purpose it has been equipped for the installation of stereopticon and motion picture apparatus, which, as in the past, will be installed for any meeting that may so desire this service. All arrangements for these meetings will be worked out by the House Committee, which will attempt to encourage all sections to hold their meetings in the permanent quarters. The third use for this particular room will be for all meetings of the Board of Councilors.

Another room has been equipped for a two-fold purpose: first, for committee meetings. Catering service will be arranged for by the House Committee so that the committees meeting in this room may meet for lunches or dinners, if so desired. The second use of this room will be as the meeting room of the Board of Trustees.

To provide for the dinner meetings of sections or other groups that may arrange for the use of the quarters—if the group is too large for the committee room—arrangements may be provided in attractive surroundings in the auditorium of the building, leaving the meeting room free of all dinner service and confusion for the business meeting. The auditorium, it is expected, will afford ample room for the regular meetings of the association as a whole.

The offices of the association will be housed in the same building. Committees that hold their meetings there during the daytime will have the advantage of stenographic service whenever it is called for, so that a more complete record of their activities may be provided for, if it is desired. This grouping of the various activities of the association under one roof, with the provision for the maintenance of various committee records, it is anticipated, will help to build up a more cohesive system of activity for the association.

The entire building at 1925 Wilshire Boulevard has been completely redecorated at a very moderate cost, and has been furnished also at a very moderate cost, with furniture and furnishings that may be used in the final permanent quarters building that probably will be erected before many years are passed.

The preparing of these quarters for occupancy has been a task filled with detail and filled with a large amount of responsibility. All steps taken looking toward the transfer of the offices to the new quarters, the preparation of the new quarters for occupancy, have been taken in accord with the Board of Trustees and the committees responsible. At the last meeting of the Board of Councilors, the activities which at that time had taken place and the program which now sees completion in the new quarters, was presented to that board and approved.

It is sincerely hoped that when the membership visits this place that they now may consider their home until a more permanent structure is built, they will go away feeling they will wish to come back, again and again, and that as a temporary arrangement the new quarters will offer something that is definitely worth while.

## A SAN DIEGO COUNTY PLAN FOR THE CARE OF THE INDIGENT SICK

The November CALIFORNIA AND WESTERN MEDICINE printed two articles on Alameda County plans to care for the indigent sick. One paper was by Dr. B. M. Black (page 330) and the other was by Dr. Daniel Crosby (page 354).

Under date of December 15, an Associated Press dispatch printed the following news item:

#### SAN DIEGO ADOPTS PAY-TO-FIT PURSE MEDICAL SERVICE

San Diego, Dec. 15.—(AP).—Under a coöperative plan announced today by the San Diego County Medical Association all residents of this county will be offered complete medical and hospital services after January 1 at prices to fit their pocketbooks.

A central service clinic will be set up to classify the patients. Its board of directors will be made up of representatives of the Community Chest and other welfare agencies, the Medical Association, and the county's hospitals. If its investigators find that a patient can pay only half price for an operation and subsequent hospital treatment, such services will be given for what he can pay. If he can pay nothing, he will be taken to the county hospital, as at present.

Medical Association representatives said as little as a dime or five cents a visit by member physician would be accepted as full pay if the patient could afford to pay no more. If any physician should find he could not afford to treat a large number of "part pay" patients in his clientele, the Central Service Clinic will place them in the care of physicians connected with clinics to be maintained by the hospitals for that purpose.

## CARE OF WAR VETERANS

An interesting news dispatch, discussing other phases of veterans' care problems, such as were considered in the December CALIFORNIA AND WESTERN MEDICINE (Report by Dr. Thomas W. Bath, page 370, and Future Taxes item, page 425), appeared in the daily press of December 19, and is here reprinted. The Associated Press dispatch follows:

#### \$400,000,000 VET AID SLASH IS ASKED

Washington, Dec. 19.—A slash of \$400,000,000 in expenditures in behalf of war veterans without reducing by "a single dollar" payment to those who incurred disability in war service or to dependents of the soldier dead was recommended to the joint Congressional Veterans' Committee today by the Chamber of Commerce of the United States.

Chester Leasure, director of the Chamber's Public Affairs Division, read the proposal by Henry T. Harriman, president of the organization.

"We appreciate the importance of the task before your committee and sincerely trust that from your deliberations will issue recommendations to Congress in favor of the substantial reduction of the expenditures which you are examining," the statement said.

#### NATIONAL POLICY

"May I likewise express the hope that your search for a long range national policy, with respect to veterans and their dependents, will not delay full recognition of the urgent importance of your other objective, namely, such revision of veterans' legislation as will produce early and substantial economy without denying a single dollar to those justly entitled to benefit. We ask no reduction in expenditures for veterans whose service brought them disabilities.

"We ask maintenance of wholly adequate provisions for them, and if in any respect your committee finds there is not now full discharge of the national obligations to them, I know I can speak for our entire membership in saying we will support any increase in expenditures necessary to make good the full obligation.

"We ask, and our committee asks, only reduction which we believe will be in the interests of everyone, including the veterans themselves.

"It cannot, we submit, be in the public interest that federal expenditures should be made on account of disabilities which result from the normal hazards of civilian life for persons having in every sense a civilian status."

The chamber's specific recommendations for savings were:

Denial of compensation for all disabilities not clearly proved to be service-connected.

#### SCIENTIFIC BASIS

Repeal of legislation granting hospitalization for disabilities not attributable to service.

Limiting government life insurance "to the purpose for which it was undertaken."

Placing compensation paid dependents on a basis of necessity and service-connected disability or death.

Returning disabled emergency officers to a disability compensation status.

Placing veterans' relief legislation on a scientific basis with consequent reduction in administrative costs.

The savings outlined from such changes were:

Spanish-American War pensions, \$112,843,000.

Compensation for presumptive disabilities, \$75,000,000.

Allowances for nonservice-connected disabilities, \$104,278,000.

Emergency officers' retirement pay, \$6,798,000.

Hospitalization, \$40,000,000.

Hospital construction, \$5,000,000.

Reinstatement of military and navy insurance, \$40,000,000.

Administration, \$20,000,000.

## U. S. CONGRESS SETS UP FREE HOSPITAL FOR ITS MEMBERS

The House of Representatives is becoming increasingly health conscious, as indicated in accounts filed by the clerk of the House.

The House has set up a miniature hospital with a physician and three assistants in charge to provide complete medical care for members and their families. Service is free and competent.

The House has reduced the expense of this service to a comparatively low figure by having the Navy Department detail Commander George W. Calver, a naval surgeon, and three enlisted men as assistants. The third assistant was added a year ago. Each is paid, in addition to navy pay, \$30 a month by the House to cover the cost of meals at the capitol.

#### \$2,500 FOR MEDICINE

Doctor Calver is allowed \$2,500 a year by the House for medicines, expenses, supplies, and the extra pay of his three assistants. Originally, when the office of attending physician was created, Congress allowed \$1,500 a year for medicines and equipment. Then it was increased temporarily to \$2,500 to permit the physician and his two assistants to engage in special courses of study during the summer recesses of Congress. When some members a year ago attempted to curtail this to the original \$1,500, the attending physician explained that he had understood the office was to continue to receive the additional amount.

#### VACATION TRIPS

Out of this fund the attending physician keeps up an automobile for making calls. During the long summer recess of 1931, he visited Boston hospitals. One of his assistants spent three weeks at the University of Wisconsin for special study. Board and room and the cost of an automobile trip there was turned in as a legitimate charge against the House appropriation. Other trips by members of the staff were made to New York and Princeton University.

In four years' time Doctor Calver has been able to equip a modern treatment room in the capitol. Within the last year he has installed a diaphanoscope and an infra-red lamp, in addition to numerous pieces of less expensive equipment.

This service, plus the fact that Walter Reed hospital, one of the crack army institutions, and the naval hospital here are at the disposal of members of Congress—and what with the large quantities of aspirin tablets which the doorkeeper provides in the House

cloak rooms—enables the legislators to keep in the very best fighting trim. The House also has one member, who is a physician, Dr. William L. Sirovich, Democrat, New York.—*News Dispatch*.

## DENTISTS TOLD OF CALIFORNIA HEALTH PLAN

GROUP IDEA FOR MEDICAL AND HOSPITAL CARE EXPLAINED—DR.

GRAVES, HEAD OF STATE BOARD, GIVES DETAILS—COUNTY

PROFESSIONAL BODIES COULD FIX OWN RATES

Details of the California Medical Association's plan to provide complete medical service and hospitalization to persons of moderate means were explained to the Southern California State Dental Association recently by Dr. John H. Graves of San Francisco, president of the State Board of Public Health and former president of the State Medical Association.

Dentists from various Southern California counties, believing the medical association's plan can be applied to dentistry, attended the meeting at University Club.

Each county medical society, Doctor Graves explained, would fix its own rates, and determine the maximum income it regards as coming within the scope of "moderate means." Persons whose financial status exceeded this maximum, would not be eligible.

#### PROFITS ABOLISHED

"At the outset," Doctor Graves said, "profits that would go to agencies, insurance companies, promoters, etc., are abolished. The medical profession, through such county units as desire, will offer professional service to the people whose income for the past year is below a certain fixed sum, providing ascertainable assets are below fixed amounts. Professional service means physicians' and surgeons' attendance only, for any and all types of disease and injury, where the individual is not protected under the Workmen's Compensation Act.

"Each county medical unit will operate as a partnership, and the division of moneys received will be on a unit basis—a fixed amount for each type of service. Such a plan definitely answers the critics of our profession, who assert that we are not interested in coöperative efforts of a social nature."

#### HOSPITALIZATION PLAN

Doctor Graves also described how the partnership of the county medical society can promote, among the hospitals in the county, a hospitalization plan, so that a subscriber could assure himself either of medical service, hospitalization, or both.

"The hospitals would form a coöperative organization," he said, "offering to the public ward accommodations with ordinary laboratory, operating-room, and floor-nursing service for all diseases not termed contagious; and all injuries where persons are not covered under the Workmen's Compensation Act, for periods of one, two, and three months' duration."

The patient would select his own physician, from the membership rolls of the county medical society, and his own hospital, from the list of those coöperating.

#### SAVING ANTICIPATED

Such a plan, it is contended, would reduce the operating expenses of county hospitals by reducing the number of patients who now are obliged to seek treatment in tax-supported institutions. Additional savings would be made by cutting down the number of public school absentees through prompt medical attention.

One feature of the proposal, it was explained, is that a subscriber would not be entitled to obstetrical service until after one year's enrollment. That would serve as protection for the physician and the hospital against possible cases of what might amount to attempted fraud.—*Los Angeles Times*.